

City of Woodstock
Massage Therapy Form
12453 Highway 92
Woodstock, GA 30188
770.592.6005
Fax 770.926.7820

Applicant Name: _____

Business Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____

HOURS OF OPERATION _____

Definition of service to be provided: _____

LICENSE INFORMATION

Any person desiring to engage in the business, trade or profession of a masseur, shall before engaging in that business, trade or profession, file an application (or renewal application) for license addressed to city council. **Application must be accompanied by a nonrefundable fee of One Hundred Dollars (\$100.00) for New License (Twenty Five Dollars (\$25.00) for Renewal before January 1.)** The application shall be in writing and shall set forth the following:

**QUALIFICATIONS MUST BE PLAINLY STATED TOGETHER WITH REQUIRED
EXHIBITS ATTACHED TO THE APPLICATION**

- ☐ List all criminal convictions other than misdemeanor traffic violations, including the dates of the convictions, nature of the crimes and place convicted:
- ☐ The applicant must complete a consent form authorizing the City, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the permit.
- ☐ The applicant and each employee must furnish a copy of identification such as a drivers license/state issued id **and** social security card. Should the applicant be a corporation it shall furnish a copy of identification such as a driver's license/state issued id and social security card for all its agents or employees actually engaged and working under the license.

- The applicant must furnish proof of having obtained and maintain an average of 12 hours of continuing education per year since diploma was received, in the field of massage therapy from an institution that provides a nationally recognized standard level of education in massage therapy training, i.e., one that follows the guidelines of the U. S. Department of Education, such as AMTA COMTAA approved/accredited training programs; or provide a copy of their current National Certification.
- Such other identification and information necessary to discover the truth of the matters required to be set forth in the application.

I hereby give authority for the city, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in the application and the qualifications of the applicant for the permit. I further acknowledge having received, read and committed to comply with the City of Woodstock Massage Therapy Ordinance.

Applicant Signature

Date

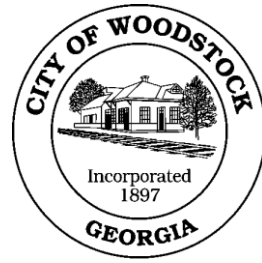
Notary:_____

Commission Expires:_____

CITY OF WOODSTOCK

12453 Hwy 92
Woodstock, Georgia 30188
(770) 592-6005 or (770) 926-7820

REQUEST FOR CRIMINAL HISTORY



Purpose of Request

GA RECORDS CHECK ONLY. ORI GA0280500

CONSENT FORM

Photo ID Required with this form

☐ Message Therapy License

I hereby authorize the City of Woodstock, Georgia to receive any criminal history pertaining to me which may be in the files of any state, federal or local criminal justice agency.

PLEASE TYPE/PRINT

Last Name	First Name	Middle Name	Maiden
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Street Address	Apartment Number
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City	State	Zip Code	County
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Sex	Race	Height	Weight	Eyes	Hair
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Date of Birth	Place of birth	Social Security Number
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Driver's License Number	State	Expiration Date
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Signature

Date

Notary Public: _____

My Commission Expires: _____

***Affidavit Verifying Status
City of Woodstock***

Instructions: As required by O.C.G.A. Section 50-36-1(d) (1), any natural person who applies for a state or local public benefit must execute one of two affidavits concerning the applicant's legal presence in the United States. Select one of the following:

A_____ **I** _____ **am a United States
Citizen or legal permanent resident 18 years of age or older,**

B_____ **I** _____ **am a qualified alien or
non-immigrant under the Federal Immigration and Nationality
Act, 18 years of age or older and lawfully present in the United States.**

Alien registration number for non-citizens: _____(required)

A front and back copy of one of the following documents must be attached:

- (a) Valid foreign passport with I-94 (b) Temporary resident card (I-688)
- (c) Employment authorization card (I-766 or I-688A)
- (d) Employment authorization document (I-688B); or
- (e) Refugee travel document (I-571)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Official Code of Georgia Annotated (O.C.G.A. 16-10-20)

O.C.G.A. § 50-36-1. (a) As used in this Code section, the term:

(1) "**Agency** or political subdivision" means any department, agency, authority, commission, or government entity of this state or any subdivision of this state.

(2) "**Applicant**" means any natural person, 18 years of age or older, who has made application for access to public benefits on behalf of an individual, business, corporation, partnership, or other private entity.

**Sworn to and subscribed before
me this _____ day of
_____, 20_____**

Signature of Applicant

Printed Name

Notary Public

My commission expires: _____

MESSAGE RENEWAL FOR:_____

ADDRESS:_____

Application received _____ day of _____, 20_____

Amount paid \$_____ ☐ MoneyOrder ☐ Check # _____

CONSENT FORM(S) ATTACHED ☐ YES ☐ NO

Business License Officer / Date ☐ Requirements met ☐ Recommend denial
Comments_____

Records Clerk / Date ☐ Requirements met ☐ Recommend denial
Comments_____

Detective / Date ☐ Requirements met ☐ Recommend denial
Comments_____

Please Return to *Terry Cowley, Community Development Dept.*